

12/08/00
JC970 U.S. PTO

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Auzville Jackson, Jr. By: *Auzville Jackson Jr.*

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Approved for use through 10/31/2002 OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- 1 Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- 2 Applicant claims small entity status.
See 37 CFR 1.27.
- 3 Specification [Total Pages **22**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- 4 Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]
- 5 Oath or Declaration [Total Pages **2**]
 - a Newly executed (original or copy)
 - b Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 17 completed)
 - DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- 6 Application Data Sheet. See 37 CFR 1.76

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No. _____

Prior application information

Examiner _____

Group / Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> Insert Customer No. or Attach bar code label here			<input type="checkbox"/> Correspondence address below
--	--	--	--	---

Name	AUZVILLE JACKSON, JR.			
Address	8652 Rio Grande Road			
City	Richmond	State	VA	Zip Code
Country	USA	Telephone	804/740-6828	Fax
Name (Print/Type)		Registration No (Attorney/Agent)		17,306
Signature				Date 12/8/00

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 395)

Complete if Known

Application Number	
Filing Date	12/8/00
First Named Inventor	ROGERS
Examiner Name	
Group Art Unit	
Attorney Docket No.	1391

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity
Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Fee Paid
101 690	201 355	Utility filing fee
106 310	206 155	Design filing fee
107 480	207 240	Plant filing fee
108 690	208 345	Reissue filing fee
114 150	214 75	Provisional filing fee

SUBTOTAL (1) (\$ 355)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	= -
Multiple Dependent	- 3** =	X	= -

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40)

Complete (if applicable)

Name (Print/Type)	AVZVILLE JACKSON JR	Registration No. (Attorney/Agent)	17306	Telephone	804/740-6828
Signature	<i>avzville jackson jr</i>				
Date	12/08/00				

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